

Express Mail No. EV355035078US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Express Mail No.: EV355035078US  
Filed: Herewith  
Applicant: Herbert C. Preul  
Title: WASTEWATER SOURCE CONTROL SYSTEM  
Attorney Docket: PREUL-02A

MS Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

PETITION TO MAKE SPECIAL BECAUSE OF APPLICANT'S AGE  
(37 C.F.R. §1.102(c) and M.P.E.P. §708.02IV)

Applicant hereby petitions to make this application special because Applicant is over 65 years of age. Applicant's date of birth is January 11, 1926. As a showing of this fact, accompanying this petition is Applicant's Birth Certificate. No fee is required with this petition, in accordance with 37 C.F.R. §1.102(c).

Respectfully submitted,

WOOD, HERRON & EVANS, L.L.P.

BY

C. Richard Eby, Reg. No. 25,854

2700 Carew Tower  
Cincinnati, OH 45202  
(513) 241-2324  
(513) 241-6234 (Facsimile)

## 2. PLACE OF BIRTH

County of Perry Co.  
 Township of 26  
 Village of Berger  
 City of   
 No.   
 Ward. St.

Registration District No. 29 RPrimary Registration District No. 540

## STATE OF MISSOURI

Bureau of Vital Statistics  
CERTIFICATE OF BIRTHFile No. Registered No. 

If birth occurs in a hospital or other institution,  
give name of same, instead of street and number.

## 2. FULL NAME OF CHILD:

3. Sex of Child <u>Male</u>	4. Legiti- mate: <u>yes</u>	5. Twin, Triplet, or other? <u>✓</u>	6. Number and <u>{</u> In order of birth <u>✓</u>	7. Date of birth, <u>Jan. 11, 1946</u> (Month) <u>11</u> (Day) <u>11</u> (Year) <u>46</u>
8. FULL NAME <u>Herbert Frederick Charles Kreul</u>		FATHER CHARLES <u>Herb Frederick Charles Kreul</u>		
9. P. O. ADDRESS <u>Berger Mo</u>		MOTHER <u>Hilda Frederica Schaefer</u> <u>Berger Mo</u>		
10. COLOR OR RACE <u>White</u>	11. AGE AT LAST BIRTHDAY <u>40</u> (Years)	12. COLOR OR RACE <u>White</u>	13. AGE AT LAST BIRTHDAY <u>36</u> (Years)	14. P. O. ADDRESS <u>Marshallville Mo.</u>
11. BIRTHPLACE <u>Denmark Germany</u>	12. OCCUPATION <u>Minister of Gospel</u>	13. BIRTHPLACE <u>Marshallville Mo.</u>	14. OCCUPATION <u>Housewife</u>	15. BIRTHPLACE <u>Marshallville Mo.</u>
16. Number of child of this mother <u>Fourth</u>	17. Number of children, of this mother, now living <u>Four</u>	18. What antiseptic was used in the eyes? <u>ojozol</u>	19. Born at full term? <u>yes</u> (This Child)	

## 21. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 10:30 A.M.  
(Born alive or stillborn)

When there was no attending physician  
midwife, then the father, mother, house-  
holder, or doctor made this return.

\*See note added from supplemental report

(Signature)

(Physician or Midwife)

Registrar

Registrar

This certificate must be FILED with the Local Registrar within TEN (10) days after birth.



STATE OF MISSOURI

CITY OF JEFFERSON CITY

I HEREBY CERTIFY that the above is a true and correct copy of the certificate for the person named therein. The original record being filed in the Central Bureau of Vital Statistics of the State of Missouri is part of the permanent records of said bureau. WITNESS my hand as State Registrar of Vital Statistics and the Seal of the Missouri State Board of Health this date of AUG 7 1946

R. M. Jacobs, Regt. State Registrar of Vital Statistics

11th Street &amp; Locust